AMERICAN ACADEMY OF PEDIATRICS
CHAPTER ANNUAL REPORT
January 1, 2014 – December 31, 2014

DEMOGRAPHICS

NAME: Barbara Bayldon, MD, FAAP **DISTRICT:** VI

CHAPTER: Illinois **CHAPTER SIZE:** Large

CHILD HEALTH INITIATIVES

Among the list of topics below, check 5 child health initiatives that most closely align with your chapter's top strategic priorities and chapter activities.

- ☐ Access to care
- ☐ Adolescent health
- ☐ Asthma
- ☐ Autism
- ☐ Bioethics
- ☐ Breastfeeding
- ☐ Bright Futures
- ☐ Child abuse
- ☐ Child care health & safety
- ☐ Child health finance
- ☐ Children, Adolescents and the Media
- ☐ Children with special health care needs
- ☐ Community outreach/ public education
- ☐ Developmental Screening
- ☐ Disaster preparedness
- ☐ Domestic violence
- ☒ Early brain & child development
- ☐ Early hearing detection & intervention
- ☐ Early literacy
- ☐ Education/CME
- ☐ Environmental health
- ☐ Epigenetics
- ☐ Family engagement
- ☐ Foster Care
- ☐ Health care transformation
- ☐ Health information technology
- ☒ Immunizations
- ☐ Injury and violence prevention
- ☐ International/global child health
- ☐ Lead poisoning prevention
- ☐ LGBTQ Issues
- ☒ Medical Home
- ☐ Mental health
- ☒ Obesity
- ☒ Oral health
- ☐ Pediatric councils
- ☐ Poverty and Child Health
- ☐ Practice management
- ☐ Profession of pediatrics
- ☐ Public health
- ☐ Reach out & read
- ☐ School health
- ☐ Sports/fitness
- ☐ Substance abuse
- ☐ Tobacco prevention & control
- ☐ Toxic Stress
- ☐ Other(s). Please specify

Briefly describe in greater detail the 5 child health initiatives that you checked above. Include a description of the initiative, measurable objectives (up to 3), activities, outcomes/results, and barriers as noted below. See Chapter Annual Report Guidance for further details.

CHILD HEALTH INITIATIVE: PROTECT: Promoting Resiliency of Trauma Exposed Communities Together (Early brain and child development). This three-year HRSA grant will convene all providers of early childhood services (health, child welfare, EI, social service, education, child care, etc.) and develop coordinated training and policy on trauma-informed care. Individual systems will integrate such training and protocols through legislation and policy changes, to ensure sustainability, and care coordination strategies and tools will ensure coordination between systems.

Measurable Objectives (up to 3)

A) Communities will build capacity for and be committed to offering trauma-informed care and services that are of high quality, consistent, and coordinated among providers in multiple settings
B) Children 0-3 and their caregivers will receive community-based medical, social and educational care and services that are trauma-informed in diverse settings that follow quality standards and protocols
C) State and system level health, education and social service programs will help providers provide trauma-informed care by promulgating regulations and standards; facilitating care coordination; providing educational and professional development programs; and implementing referral assistance

Activities

A) Convene pediatrician medical advisors (4) with project committees (course of study, standards and protocols, policy and systems integration) along with other health, education, social service representatives
B) Identify the needs for training, messaging, and reflective supervision across professions through an online survey, open forums around the state, and a resulting report
C) Hold 2 conferences (spring and fall 2015) on trauma-informed care and building resiliency

Outcomes/Results

A) Committees were formed, met, and have created ad hoc workgroups for 2015
B) Survey responses (approximately 400 responses) and input from over 400 people at 14 open forums are being edited into a report

Barriers

A) Getting time from valuable but busy volunteers for this project
B) So much is happening to address issues related to trauma and toxic stress in Illinois that it is difficult to get diverse stakeholders to have one vision

CHILD HEALTH INITIATIVE: Reaching Our Goals (Immunizations). ICAAP holds contract with the Chicago and Illinois Departments of Public Health to do provider education and awareness on vaccines and related issues. ICAAP uses multiple strategies (live sessions, webinars, online programs, communications, computer labs) and supports/trains a core group of expert pediatricians and other clinicians to teach. We focus on the childhood vaccine schedule but also have specific initiatives on adolescent vaccines, HPV, storage and handling, and the state's registry.

Measurable Objectives (up to 3)

A) Create a strategic plan to keep up with the high volume of I-CARE (immunization registry) training requests by Illinois and Chicago Vaccines for Children (VFC) providers. Offer in-person and live/webinar training opportunities for beginner and intermediate I-CARE users.
B) Facilitate immunization education webinars bi-monthly to share knowledge, celebrate national immunization and health observances, and bring attention to hot topics.
C) Increase vaccine rates among children and adolescents by educating Illinois and Chicago VFC providers on current trends, hot topics and ACIP immunization schedules.

Activities

A) Facilitated four I-CARE webinars and seven I-CARE in-person lab trainings to support I-CARE users at all levels (beginner, intermediate) and support practices to interface their practice management systems with the I-CARE registry.
B) Facilitated 6 CME/CE approved live immunization webinars throughout the 2014 program year.
C) Hosted 6 in-person pediatric immunization CME/CE sessions in 2014, including in central/southern Illinois

Outcomes/Results

A) ICAAP reached many vaccine providers (490 clinicians participated in I-CARE webinar and lab trainings; 875 clinicians participated in ICAAP's bi-monthly hosted webinars; and 422 clinicians participated across 6 immunization education learning sessions)
B) All events had high evaluation/satisfaction scores.
C) Project funders (Illinois and Chicago Departments of Public Health) are increasing 2015 funding to ICAAP by over 25% (additional $140,000) to continue and expand activity

Barriers

A) I-CARE registry is still not user-friendly and does not allow true two-way data exchange, and providers are resistant.

CHILD HEALTH INITIATIVE: Building Medical Homes for the Cook County Ambulatory and Community Health Network (ACHN) (Medical Home). With a HRSA grant, pediatrician leaders and staff developed a three-year education and QI work plan (assessment, learning sessions and webinars, on-site facilitation) to build medical homes in the five clinics with high pediatric volume in the Ambulatory and Community Health Network (ACHN) of Cook County. ACHN is one of the largest providers of care to Medicaid and uninsured patients in the state. In the final year, work spread to the 8 clinics that have lower pediatric volumes as well.

Measurable Objectives (up to 3)

A) By November 2014, 80% of ACHN pediatric patients will receive comprehensive, coordinated health and related services through the Illinois Medical Home Model™ in which providers partner with families to provide high-quality care
B) By November 2014, 80% of ACHN pediatric patients will receive routine developmental screenings in the medical home.
C) By November 2014, 50% of ACHN young adult patients will receive services to successfully transition to adult health care.

<u>Activities</u>

A) ICAAP hosted a fourth and final Learning Session on November 4, 2014 for the ACHN in which five core high-volume pediatric clinics shared with the eight other ACHN clinics lessons learned related to implementing QI activities to engage parents as partners in care, improve developmental screening rates, and transition youth to adult health care.
B) Five high-volume ACHN pediatric clinics participated in an approved CME and MOC Part 4 developmental screening initiative and improved developmental screening rates and sustained results.
C) ICAAP helped the Cook County clinic system leaders draft a written policy to transition youth to adult health care to be implemented across the health system.

Outcomes/Results

A) 60 ACHN clinic and provider staff, representing 100% of the clinic sites, attended the fourth and final Medical Home Learning Session.
B) Developmental screening rates among the five high-volume pediatric clinics improved by 80% from baseline to follow up after three cycles of chart review data were reported and analyzed.
C) The policy on transitioning youth to adult health care policy was developed and approved by ACHN leadership in November 2014 and is being implemented across ACHN sites with support of pediatric and adult medicine providers.

Barriers

A) Staff turnover (very high within this clinic network) impeded some of the clinics in consistently implementing the developmental screening and transitioning youth to adult health care policies.
B) Sustaining engagement of parent partners in QI team meetings was a challenge for three of the five pediatric clinics. Cook County ACHN serves a challenging Medicaid and uninsured population in urban Chicago and many sites struggle with patient compliance and follow through on recommendations.
C) Lack of funding to continue is a barrier. ICAAP's HRSA-funded project ended in November 2014 so the in-person QI facilitation support provided to the five high volume pediatric sites also ended. This facilitation greatly increased the clinics' ability to implement PDSAs and improve care. The expectation is that they will continue independently, and ICAAP will revisit the clinics in six months to determine whether the QI team work has continued.

Strategic Priority: Promoting Health (Obesity). Phase III (2014-2016) of this project will improve patient outcomes for childhood obesity by implementing a model for a coordinated system of care, connecting (electronically) medical homes to community physical activity and nutrition programs. Education will also be offered online and via webinar, to pilot sites and statewide, including a collaboration where BC/BS is offering providers financial incentives to take ICAAP's nutrition modules. MOC-approved QI projects will be repeated in 2015, with a learning collaborative model for 10-15 sites and a web-based QI program open statewide.

Measurable Objectives (up to 3)

A) Assess Illinois and other state pediatric obesity coverage policies and advocate for policy recommendations to Illinois state Medicaid program to improve pediatric obesity care
B) Develop physician education to complement Maintenance of Certification project quality measures on obesity prevention and treatment
C) Meet minimum group targets for seven quality measures in the Phase II MOC project on pediatric obesity care

Activities

A) Surveyed physicians enrolled in the Illinois Medicaid program to identify barriers to care; surveyed nine state AAP chapters to identify model programs and state coverage policies; reviewed Medicaid coverage policies in 11 states to assess coverage of multi-disciplinary care; wrote report; developed and advocated for policy recommendations
B) Convened expert panel to oversee development of obesity-related education and subgroups to work on specific aspects of obesity education (nutrition counseling, comorbidities, mental health screening)

C) Offered motivational interviewing training, eight educational webinars, including a nutrition series, and convened nine monthly calls to assist MOC participants in meeting targeted quality measure goals

Outcomes/Results

A) Established first Illinois Medicaid program policy on coverage on payment for pediatric obesity care
B) Developed eight educational modules on the prevention and treatment of pediatric obesity, including an eight-part nutrition counseling module
C) MOC project participants (35 physicians from 17 sites) demonstrated significant improvements from baseline in all MOC project measures, including surpassing the minimum target goal for three of the seven measures. Additionally, data illustrated the percentage improved over baseline to be greater than 20% for six of the seven measures, with the blood pressure interpretation measure improving over 296% and the mental health screen improving over 119% from baseline

Barriers

A) Illinois' dire state financial issues led the Illinois Medicaid program to issue a pediatric obesity care coverage policy that was budget neutral
B) Few physicians have expertise in all aspects of obesity care requiring many physicians with expertise in specific areas of care to be engaged in developing obesity-related education
C) Few quality measures are nationally recognized for pediatric obesity care, for example, a measure for obesity-related mental health screening, making it difficult to substantiate quality measures for MOC projects on this topic

CHILD HEALTH INITIATIVE: Bright Smiles from Birth (Oral Health). Bright Smiles and ICAAP's DentaQuest Foundation grant focus on helping PCPs address oral health; promote the need for dental care for pregnant women though partnerships with dental societies, OB/GYNs and WIC; and promote dental care for very young children through WIC and by training adult dentists on serving children.

Measurable Objectives (up to 3)

A) Increase educational opportunities for Illinois dental providers on treatment of pregnant women and young children
B) Engage Illinois early childhood programs to provide oral health education to clients
C) Secure additional funding to sustain oral health programs at ICAAP

Activities

A) Enlist the involvement of the Illinois dental associations (pediatric and general) in developing education for their members
B) Connect with Illinois WIC programs to provide education to clients and staff on oral health in young children and pregnant women
C) Complete grant application for funding from DentaQuest Foundation.

Outcomes/Results

A) Organized statewide, full day training for 150 dentists and dental team members on treating pregnant women and young children within their practice (videotaped for future use).
B) Developed plan and secured WIC commitments to refer patients to online education program for WIC clients focused on the important of tooth brushing.

B) Secured two-year grant from national DentaQuest Foundation focused on engagement of early childhood programs and education of dental and obstetric providers.

Barriers

A) Changes to Illinois Medicaid program continue to increase barriers to access dental care and barriers for participation by dentists.
B) Difficulty in engaging obstetric providers in learning more about links between oral health and pregnancy outcomes.
C) Funding for engagement of primary care providers in prevention of early childhood caries from private foundations and Medicaid to ICAAP has ended; online training can be supported but not much else

CHILD HEALTH INITIATIVES: SUPPLEMENTAL INFORMATION

Does your chapter engage parents and/or families in child health initiatives?

☐ **No** ☒ **Yes**

If yes, please explain

ICAAP's medical home QI work requires that practices enlist parent partners, and our work in Cook County clinics included parents on QI teams. Our trauma project held 14 open forums around the state, in which parents/caregivers participated. In 2014, we started a new initiative with the Illinois Education Association where school staff and pediatricians will collaborate on parent engagement and parenting programs.

What was your chapter's single most significant advocacy achievement or program/project outcome of the year?

ICAAP was awarded CDC funds to do HPV education in Chicago. We identified and trained pediatrician faculty experts. We conducted 4 hospital-based HPV seminars, two dinner seminars for over 100 attendees, and 75 office based trainings.

What was your chapter's single most significant community-based initiative/project/program this year?

ICAAP started its three-year Maternal and Child Health Bureau grant called the PROTECT (Promoting Resiliency of Trauma Exposed Communities Together) Initiative. We are the state lead on this and have all the early childhood systems (health care, early education, social services, EI, home visiting, child protective services) at the table. We held 14 "open forums" including some in central and southern Illinois. 400 people attended the open forums.

Among the topics listed below, select "Yes" if your chapter has a QI project in the topic area or "No" if your chapter does not have a QI project in the topic area. Also indicate in the second column if the project(s) is/are approved by the American Board of Pediatrics for Part 4 Maintenance of Certification (MOC). Lastly, please indicate if the QI project is related to a chapter strategic priority that was previously listed in your top child health initiatives, earlier in the evaluation.

Topic	Do you have a project in this topic area?	Do you offer MOC for the project in this topic area?	Is this QI project related to a child health initiative you previously listed above?
Adolescent health	☒ Yes	☒ Yes	☒ Yes
Asthma			
Bright Futures			
Children with special health care needs	☒ Yes	☒ Yes	☒ Yes
CHIPRA	☒ Yes		
Developmental screening	☒ Yes	☒ Yes	☒ Yes
Early brain and child development			
Immunizations			
Medical home	☒ Yes		
Mental health			
Obesity	☒ Yes	☒ Yes	☒ Yes
Oral health	☒ Yes	☒ Yes	☒ Yes
Other			

Please specify "other"

N/A

Provide a brief description of your quality improvement project(s). Feel free to copy and paste from other sections if applicable. <u>DO NOT EXCEED 150 WORDS.</u>

ICAAP developed an online learning management system (LMS) in addition to our web site. This system allows ICAAP to convert its many educational modules to online programs and provides both a CME only and a CME+MOC data collection track. The system is specially built to include data collection on QI measures as they are established. ICAAP appointed a QI leader (Dr. Jerry Stirling of Loyola) and developed measures and ABP applications for seven programs (adolescent transition for pediatricians, adolescent transition for adult providers, asthma, EI care coordination, developmental screening, obesity, oral health) and has also secured MOC credit through the family medicine and internal medicine boards for one program. In addition, ICAAP does practice facilitation around medical home at about 20 practices and clinics.

FINANCES

Provide the following details about your chapter's finances.

Operating Budget ($)	$2,082,761
Reserves ($)	$448,886
Total Full Time Staff	16
Total Part Time Staff	2

Does your chapter have a foundation?

☐ **Yes**
☒ **No**

Describe the process you use to develop and your budget, including the process of allocation of funds to goals, and implementing internal financial controls. If your chapter has a foundation, include the name of the foundation, financial information, governance and role in chapter/member activities.

Staff prepare annual project budgets and submit them to the ICAAP business staff in early spring. The Officers and subsequently the full Executive Committee approve all budgets for future fiscal years by June or July. At that time decisions are made on how to spend discretionary and unobligated funds in order to meet Chapter goals. An accounting firm consults to the Chapter and prepares its annual audit and tax returns. An Audit Committee of the Treasurer, President, Vice President and Secretary try to hold two calls per year to review status. ICAAP has improved internal controls every year and had a clean audit in FY13 with no findings.

Which of the following tactics does your chapter employ to generate non-dues revenue? <u>Check all that apply.</u>

☒ Federal grants

☒ State grants

☒ National and/or state agency contracts to carry out projects and initiatives

☒ Chapter continuing medical education opportunities

☒ Advertising space sold in the chapter newsletter and/or on chapter Web site

☒ Exhibit fees at chapter meetings

☒ Pharmaceutical/corporate contributions

☒ Personal/individual donations

☒ Private foundation donations

☒ Other(s). Please specify. Medicaid match

What is the greatest threat to your chapter's financial health?

Nearly 90% of ICAAP revenue is grants and contracts, and most are limited to 1-3 years, requiring constant attention to fundraising. Also, most are reimbursement based requiring ICAAP to spend funds then voucher to collect grant payments, which makes cash flow difficult, particularly with a few funding agencies that take months to pay.

MEMBERSHIP RETENTION AND RECRUITMENT

Check which retention and recruitment strategies your chapter employs. Check all that apply.

- ☒ Mailings/letters to members and non-members
- ☒ CME opportunities
- ☒ General communications (eg, e-mails, Web site, general correspondence)
- ☒ Personal contact by chapter officers and/or staff
- ☒ Chapter newsletter
- ☐ New member information packets
- ☒ Resident outreach
- ☐ Membership recruitment campaigns
- ☒ Participation in advocacy efforts
- ☐ Chapter membership committee
- ☒ Recruitment of affiliate members
- ☐ Member surveys
- ☒ Webinars
- ☒ Social media
- ☐ Focus groups
- ☐ Other(s). Please specify.

Briefly describe your chapter's success in retaining or recruiting members.

While still lower than highs in 2008/2009, ICAAP's 2014 membership grew substantially, reversing the downward trend started in 2010 and worsened by the decision to separate dues billing from the AAP. The success is primarily due to rejoining the AAP dues billing service, making it easier for members to pay and making sure all Illinois pediatricians are billed consistently. However, ICAAP has also instituted an efficient system to make sure any member paying AAP but not ICAAP dues is emailed within 1-2 weeks, mailed a letter shortly after, and considered for a personal contact from a board

member. To date in 2014 for Fellow memberships, ICAAP reactivated 95 members who lapsed in 2013, 59 who lapsed in 2012, and 156 who lapsed before 2012, and added 88 new Fellows.

Briefly describe your chapter's challenges in retaining or recruiting members.

The ICAAP board has held many discussions about the value of ICAAP membership and how to communicate it effectively. This includes tangible value (education, MOC and other programs, help to bill or get paid more), opportunities to become involved and learn skills or add to CVs, and less tangible things like ICAAP's strong advocacy work with state agencies, partner groups and others.

Specify how your chapter demonstrates value to your members.

We actively promote our advocacy efforts and work with Medicaid. We aggressively pursued developing MOC approved QI projects in response to member input and due to the perceived need for such programs. We communicate via email and the newsletter regularly, passing on valuable information and opportunities. We are responsive to almost any question or need when members seek assistance, however communicating this broadly has been difficult. We meet with the pediatric department chairs to educate them about ICAAP activity and encourage them to promote membership and the value of what ICAAP does for their faculty. We are finishing our Chapter video in December 2014 and will promote that, and we planned and started an active FaceBook page in the fall of 2014.

Please describe how your chapter addresses diversity.

We mainly focus on assuring we have diversity in our leadership by geography (Chicago versus central and southern Illinois) and practice type (private, clinic, academic, etc.). In 2013, we adopted a diversity statement to ensure that practice of diversity is reflected in all aspects of the organization.

Check all of the following member types for which your chapter has recruitment activities.

- ☐ Medical students
- ☒ Residents
- ☐ Young physicians
- ☒ Medical subspecialists/surgical specialists
- ☒ Academicians
- ☐ Seniors
- ☐ Underrepresented and minority physicians
- ☐ Other(s). Please specify.

Briefly describe your chapter's recruitment activities, if any, related to the above mentioned member types. If your chapter does not have activities related to a member type, leave blank. DO NOT EXCEED 50 WORDS PER CATEGORY.

Medical students

Residents

In 2014, we added two resident liaisons to our Executive Committee to give input and help engage other residents. We have a "resident benefits" flyer we distribute to programs, and about 120-150 residents each year attend ICAAP's monthly advocacy education program. We do an e-mail newsletter to program

leaders and residents every two months, and we discount registration fees. ICAAP leaders and staff lecture at programs often and spoke on advocacy at two programs in 2014. We also work on collaborative grants and senior resident projects.

Young physicians

Medical subspecialists / surgical specialists
AAP has committees addressing neonatology, infectious disease, child abuse, disabilities, and others and calls on specialists for advocacy. The President appoints an academic center liaison as a voting Executive Committee member. ICAAP targeted three large specialist groups for outreach (hem/onc, cardiology and neonatology) and conducted a small campaign to engage hem/onc doctors.

Academicians
ICAAP routinely communicates to pediatric department chairs and promotes how ICAAP involvement can advance faculty careers. In 2014, ICAAP held one-on-one meetings with 8 of the 12 pediatric department chairs to get their input and commitment on how to better work with their programs, specialists, and academicians.

Seniors

Underrepresented and minority physicians

Other(s). Please specify.

CHAPTER MANAGEMENT AND GOVERNANCE

Do you have a strategic plan?

☒ Yes
☐ No

If yes, when was it last reviewed? April 2014

What is the mechanism that you use to measure your strategic plan (i.e. balanced scorecard)?

We report on the objectives and activities at least once annually at an Executive Committee meeting and/or hold a special board call to do so. We have drafted but not fully implemented a balanced scorecard.

Date your bylaws were last reviewed: 2010

During the past year, have there been any changes to your chapter's infrastructure?

☐ Yes
☒ No

If yes, please explain.

Check all of the activities your chapter engages in to approach leadership development, mentorship and succession planning for members, leadership, and staff.

☐ Implementation of Pediatric Leadership Alliance (PLA) principles and tools
☐ Mentorship program
☒ Succession planning
☒ Professional education seminars/teleconferences
☒ Sponsor attendance at the AAP national leadership conferences
☒ Support membership in professional organizations
☐ Other(s). Please specify.

Briefly describe the activities your chapter engages in to support leadership development, mentorship and succession planning of members, leadership, and staff. If your chapter is not involved in an activity listed, leave blank. DO NOT EXCEED 50 WORDS PER ACTIVITY.

Implementation of Pediatric Leadership Alliance (PLA) principles and tools

Mentor program

Succession plan
The Vice Presidents becomes President. In addition, the Secretary is encouraged and supported to attend President/VP activities at the Chapter's expense; these include AAP national meetings. An Executive Transition policy was developed to prepare for Executive Director transitions, and an Executive Director review process incorporates board member and staff input and includes discussion of transition.

Professional education seminars/teleconferences
ICAAP holds "board education" calls a few times a year, during which the board is educated about nonprofit management and also approves new ICAAP policies. Board fiduciary duties was specifically covered at quarterly board meetings in 2014. ICAAP has an Executive Committee Self-Assessment policy and tool, and once annually the board self-assesses to identify areas for additional education, strengths, etc.

Sponsor attendance at AAP national leadership conferences
ICAAP supports two leaders to attend AAP advocacy conferences; supports its President and Vice President to attend the AAP National Conference; and supports its Secretary to attend District Meetings and ALF when available.

Support membership in professional organizations
ICAAP has organizational memberships in the Illinois Public Health Association and Illinois Rural Health Association which provide member benefits to all Executive Committee members. Many ICAAP volunteers serve as representatives to other child health and advocacy groups, and staff and members are members in many professional societies (ASAE, Association Forum, APHA/IPHA, NAEYC, others).

Other(s). Please specify.

Has the Chapter taken any steps to support continued business operations in an emergency/disaster? (i.e., identifying key contacts, developing a communication plan, compiling a Disaster Supplies Kit, maintaining important records in a web-based system).

☒ Yes
☐ No

If yes, please explain.
In June 2014, as part of District VI leadership coordination, ICAAP took the disaster plan template circulated. We drafted a disaster plan for the chapter office, assessing hazards, listing emergency info and insurance coverages, and addressing communication. We drafted a second plan for ICAAP/Illinois, for weather events, school shootings, outbreaks, etc. That plan identifies key ICAAP leaders and state agency partners, catalogs resources such as parent communication pieces for certain situations, and more. Both are works in progress but have been started.

Describe your biggest challenge relative to chapter management and governance issues.
Member leaders are all too busy, and have been busier lately due to things like EMR expansion, the roll out of the ACA, and massive changes to the Illinois Medicaid program. It's difficult to manage the chapter in only a few meetings per year but there's no time for much more due to their competing demands.

OUTSTANDING CHAPTER AWARDS & SPECIAL ACHIEVEMENT AWARDS

OUTSTANDING CHAPTER AWARDS

One chapter in each size category - small, medium, large and very large - will be selected as outstanding chapter award winners based on the following criteria: child health initiatives, child health initiatives: supplemental information, finances, membership recruitment and retention, and chapter management and governance.

SPECIAL ACHIEVEMENT AWARDS FOR CHAPTERS

Special Achievement Awards for chapters will be considered by the DVC Committee based on a chapter's activities in areas such as membership, education, advocacy, and quality improvement.

SPECIAL ACHIEVEMENT AWARDS FOR INDIVIDUALS

Briefly highlight a maximum of 3 - 5 individuals total to be considered for an individual Special Achievement Award due to their work on a new and innovative project in the past year or for their lifetime achievement. Include the reason that they should be considered for a Special Achievement Award. Individuals nominated must be a member of the Academy (including residents and candidate members). Please include the correct spelling and designation (ie, MD, MPH, FAAP) for each individual nominated as well as the exact wording that you would like to see on the certificate.

Confidential until able to be announced

Thank you for completing your Chapter Annual Report!